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**FACSIMILE TRANSMITTAL SHEET**

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Date: November 7, 2005

To: <b>Commissioner for Patents</b>	From: <b>Christopher S. Daly, Esq.</b>
Examiner: <b>Michael J. Moore Jr.</b>	
Group Art: <b>2666</b>	
Company: <b>U.S. PTO</b>	
<b>Facsimile Number: 571-273-8300</b>	
Telephone Number:	

**MESSAGE**

RE: **U.S. Patent Application of Hari Balakrishnan, et al.**  
 Entitled: **Method for Low-Energy Adaptive Clustering Hierarchy**  
 Filed on: **December 27, 2000**  
 U.S. Appl. No.: **09/749,332**  
 Our Ref. No.: **MIT-070PUS**

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**THANK YOU.**

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PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/749,332
Filing Date	December 27, 2000
First Named Inventor	Hari Balakrishnan
Art Unit	2666
Examiner Name	Michael J. Moore, Jr.
Total Number of Pages in This Submission	16
Attorney Docket Number	MIT-070PUS

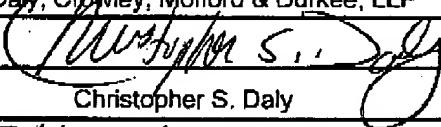
## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Notice, Brief, Reply Brief
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## Remarks

In the event a petition for extension of time is required by this paper and not otherwise provided, such petition is hereby made and authorization is provided herewith to charge deposit account No. 50-0845 for the cost of such extension.

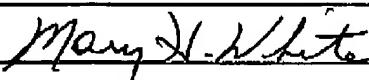
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Daly, Crowley, Mofford & Durkee, LLP	USPTO Customer No. 022494
Signature		
Printed name	Christopher S. Daly	
Date	7/10/05	Reg. No. 37,303

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Mary H. White

Date

7/10/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)  
**60****Complete if Known**

Application Number	09/749,332
Filing Date	December 27, 2000
First Named Inventor	Hari Balakrishnan
Examiner Name	Michael J. Moore, Jr.
Art Unit	2666
Attorney Docket No.	MIT-070PUS

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  Nonc  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **50-0845** Deposit Account Name: **Daly, Crowley, Mafford & Durkee, LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent **50** **25**  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent **200** **100**  
 Multiple dependent claims **360** **180**

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>
	- 20 or HP =	0	x		0	
HP = highest number of total claims paid for, if greater than 20						

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
	- 3 or HP =	0	x		
HP = highest number of independent claims paid for, if greater than 3					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

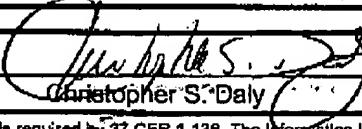
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	0	/ 50 =	0 (round up to a whole number) x 0 = 0	0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Extension of Time

**Fee Paid (\$)****0****60****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	37,303	Telephone 781.401.9988 ext. 11
Name (Print/Type)	Christopher S. Daly		Date 7 Nov 05	

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